

SCHEDULE

OUTPATIENT CLINIC COST REPORT

SECTION II: SUMMARY OF EXPENSES AFTER RECLASSIFICATIONS AND ADJUSTMENTS

NAME OF FACILITY: _____ PROVIDER #: _____

PERIOD: _____

PART	COST CENTER	SALARIES	CONTRACT	SUPPLIES	NET COST
I	FRINGE BENEFITS & PAYROLL TAXES	\$	\$	\$	\$
II	FACILITIES COSTS				
III	ADMINISTRATION & GENERAL				
IV	MEDICAL RECORDS COSTS				
V	MEDICAL SERVICE COSTS				
VI	LABORATORY COSTS				
VII	RADIOLOGY COSTS				
VIII	DENTAL SERVICE COSTS				
IX	SPEECH & HEARING THERAPY				
X	MENTAL HEALTH COSTS				
XI	PHYSICAL THERAPY COSTS				
XII	TRANSPORTATION COSTS				
XIII	VISION CARE COSTS				
XIV	PODIATRY COSTS				
XV	CHIROPRACTOR SERVICES				
XVI	NON-REIMBURSABLE COSTS				
	TOTAL	\$	\$	\$	\$

TNS # 90-24
SUPERSEDES
TNS # A/EW

APPROVAL DATE 12/6/91
EFFECTIVE DATE 1/1/92

SECTION II - EXPENSE TRIAL BALANCE

FACILITY NAME: _____
PROVIDER NUMBER: _____
REPORTING PERIOD: _____

COST CENTER	(1)	SALARIES (2)	CONTRACT (3)	SUPPLIES AND OTHER COSTS (4)	TOTAL (COLUMNS 1,2, &3) (5)	RECLASS (6)	TRIAL BALANCE (COL 4 + COL 5) (6)	ADJUSTMENTS INCREASES (DECREASES) (7)	NET EXPENSES (COL 6 + COL 7) (8)
PART I FRINGE BENEFITS AND PAYROLL TAXES:									
EMPLOYEE HEALTH INSURANCE									
EMPLOYEE LIFE INSURANCE									
FICA									
OBEIS									
FUTA									
WORKMEN'S COMPENSATION									
OTHER (SPECIFY):									
TOTAL PART I-FRINGE BENEFITS & PAYROLL TAXES:									
PART II FACILITIES COSTS:									
RENT									
INSURANCE									
INTEREST ON MORTGAGE OR LOANS									
UTILITIES									
DEPRECIATION-BUILDING/FIXED ASSETS									
DEPRECIATION-FACILITIES EQUIPMENT									
LEASED FACILITIES EQUIPMENT									
HOUSEKEEPING & MAINTENANCE WAGES									
HOUSEKEEPING & MAINTENANCE SUPPLIES									
PROPERTY TAXES									
OTHER FACILITIES COST (SPECIFY):									
TOTAL PART II-FACILITIES COSTS:									

TNS # 2026
SUPERSEDES
TNS # 1114APPROVAL DATE 10/1/01
EFFECTIVE DATE 11/1/01ATTACHMENT 4.19-B
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SECTION II - EXPENSE TRIAL BALANCE

FACILITY NAME:

PROVIDER NUMBER:

REPORTING PERIOD:

COST CENTER

COST CENTER	SALARIES	CONTRACTS	TRAVEL AND OTHER COSTS	TOTAL (COLUMNS 1,2,3)	RECLASS	TRIAL BALANCE (COL. 4 + COL. 5)	ADJUSTMENTS INCREASES (DECREASES)	NET EXPENSES (COL. 6 + COL. 7)
PART III ADMINISTRATIVE COSTS:								
ADMINISTRATIVE WAGES	\$ 3,494	\$ 3,494	\$ 0	\$ 3,494	\$ 3,494	\$ 3,494	\$ 0	\$ 3,494
OFFICE SUPPLIES	\$ 1,145	\$ 1,145	\$ 0	\$ 1,145	\$ 1,145	\$ 1,145	\$ 0	\$ 1,145
LEGAL COSTS	\$ 1,344	\$ 1,344	\$ 0	\$ 1,344	\$ 1,344	\$ 1,344	\$ 0	\$ 1,344
ACCOUNTING COSTS	\$ 1,145	\$ 1,145	\$ 0	\$ 1,145	\$ 1,145	\$ 1,145	\$ 0	\$ 1,145
TELEPHONE	\$ 1,145	\$ 1,145	\$ 0	\$ 1,145	\$ 1,145	\$ 1,145	\$ 0	\$ 1,145
POSTAGE	\$ 1,145	\$ 1,145	\$ 0	\$ 1,145	\$ 1,145	\$ 1,145	\$ 0	\$ 1,145
OFFICE EQUIPMENT LEASES	\$ 1,145	\$ 1,145	\$ 0	\$ 1,145	\$ 1,145	\$ 1,145	\$ 0	\$ 1,145
DEPRECIATION - ADMINISTRATIVE EQUIP.	\$ 1,145	\$ 1,145	\$ 0	\$ 1,145	\$ 1,145	\$ 1,145	\$ 0	\$ 1,145
TRAVEL	\$ 1,145	\$ 1,145	\$ 0	\$ 1,145	\$ 1,145	\$ 1,145	\$ 0	\$ 1,145
ADVERTISING AND PUBLIC RELATIONS	\$ 1,145	\$ 1,145	\$ 0	\$ 1,145	\$ 1,145	\$ 1,145	\$ 0	\$ 1,145
DUES AND SUBSCRIPTIONS	\$ 1,145	\$ 1,145	\$ 0	\$ 1,145	\$ 1,145	\$ 1,145	\$ 0	\$ 1,145
HOME OFFICE COSTS	\$ 1,145	\$ 1,145	\$ 0	\$ 1,145	\$ 1,145	\$ 1,145	\$ 0	\$ 1,145
DATA SERVICES	\$ 1,145	\$ 1,145	\$ 0	\$ 1,145	\$ 1,145	\$ 1,145	\$ 0	\$ 1,145
SOCIAL WORKER-INTAKE	\$ 1,145	\$ 1,145	\$ 0	\$ 1,145	\$ 1,145	\$ 1,145	\$ 0	\$ 1,145
MEDICAL DIRECTORS-WAGE	\$ 1,145	\$ 1,145	\$ 0	\$ 1,145	\$ 1,145	\$ 1,145	\$ 0	\$ 1,145
NURSING DIRECTORS-WAGE	\$ 1,145	\$ 1,145	\$ 0	\$ 1,145	\$ 1,145	\$ 1,145	\$ 0	\$ 1,145
DENTAL DIRECTORS-WAGE	\$ 1,145	\$ 1,145	\$ 0	\$ 1,145	\$ 1,145	\$ 1,145	\$ 0	\$ 1,145
PHYSICIAN RECRUITMENT	\$ 1,145	\$ 1,145	\$ 0	\$ 1,145	\$ 1,145	\$ 1,145	\$ 0	\$ 1,145
OTHER ADMINISTRATIVE COSTS (SPECIFY)	\$ 1,145	\$ 1,145	\$ 0	\$ 1,145	\$ 1,145	\$ 1,145	\$ 0	\$ 1,145
TOTAL PART III-ADMINISTRATIVE COSTS	\$ 34,890	\$ 34,890	\$ 0	\$ 34,890	\$ 34,890	\$ 34,890	\$ 0	\$ 34,890

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SUPERSEDES
TNS # 10-24APPROVAL DATE 1/1/91
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SECTION II - EXPENSE TRIAL BALANCE									
FACILITY NAME	REPORTING PERIOD	BALANCES	SUPPLIES AND OTHER	TOTAL (COLUMNS 1,2, &3)	RECLASS	RECLASS (COL 4 + COL 5)	TRIAL BALANCE	ADJUSTMENTS INCREASES (DECREASES)	NET EXPENSES (COL 6 + COL 7)
PROVIDER NUMBER		(1)	(2)	(3)	(4)	(6)	(6)	(7)	(5)
COST CENTER									
PART IV MEDICAL RECORD COSTS:									
MEDICAL RECORD WAGES		\$ 8,444	\$ 8,444	\$ 8,444	\$ 8,444	\$ 8,444	\$ 8,444	\$ 8,444	\$ 8,444
MEDICAL RECORD SUPPLIES		\$ 107	\$ 107	\$ 107	\$ 107	\$ 107	\$ 107	\$ 107	\$ 107
DEPRECIATION - MEDICAL RECORDS		\$ 171	\$ 171	\$ 171	\$ 171	\$ 171	\$ 171	\$ 171	\$ 171
MEDICAL RECORD - EQUIPMENT LEASES		\$ 101	\$ 101	\$ 101	\$ 101	\$ 101	\$ 101	\$ 101	\$ 101
OTHER (SPECIFY):		\$ 145	\$ 145	\$ 145	\$ 145	\$ 145	\$ 145	\$ 145	\$ 145
TOTAL PART IV-MEDICAL RECORD COSTS		\$ 10,767	\$ 10,767	\$ 10,767	\$ 10,767	\$ 10,767	\$ 10,767	\$ 10,767	\$ 10,767

TNS # 90-24
SUPERSEDES
TNS # 1/6/64

APPROVAL DATE 2/6/91
EFFECTIVE DATE 1/1/91

SECTION II - EXPENSE TRIAL BALANCE

FACILITY NAME:	
Provider Number:	
Reporting Period:	

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COST CENTER	SALARIES	CONTRACT	SUPPLIES And Other Costs	TOTAL (COLUMN 1,2, &3)	RECLASS	RECLASS (COL 4 + COL 5)	ADJUSTMENTS	NET EXPENSES (COL 6 + COL 7)
PART V MEDICAL SERVICE COSTS:								
A) MEDICAL WAGES:								
PHYSICIANS	\$	\$	\$	\$	\$	\$	\$	\$
PSYCHIATRIST								
PHYSICIAN ASST.								
NURSE PRACTITIONERS								
NURSE MIDWIFE								
VISITING NURSE								
OTHER NURSE								
NUTRITIONISTS								
OTHER (SPECIFY):								
SUBTOTAL MEDICAL WAGES	\$	\$	\$	\$	\$	\$	\$	\$

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SUPERVISOR SIGNATURE
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SECTION III - EXPENSE TRIAL BALANCE

FACILITY NAME:

PROVIDER NUMBER:
REPORTING PERIOD:

COST CENTER	(1)	SALARIES	CONTRACT (2)	SUPPLIES AND OTHER COSTS (3)	TOTAL (COLUMN (4, 5)) (4)	RECLASS (COL 4 + COL 5) (5)	TRAIL BALANCE ADJUSTMENTS INCREASES (DECREASES) (6)	NET EXPENSES (COL 6 + COL 7) (3)
(B) MEDICAL OTHER COSTS								
MEDICAL SUPPLIES								
DEPRECIATION - MEDICAL EQUIP.								
LEASES MEDICAL EQUIP.								
MEDICAL PROFESSIONAL LAB. INC.								
OTHER (SPECIFY):								
SUBTOTAL MEDICAL OTHER COSTS								
TOTAL PART V MEDICAL SERVICE COSTS								

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SUPERSEDES
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EFFECTIVE DATE 1/1/92APPENDIX A
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SECTION II - EXPENSE TRIAL BALANCE

FACILITY NAME

PROVIDER NUMBER

REPORTING PERIOD

COST CENTER	SALARIES	CONTRACT	SUPPLIES AND OTHER COSTS	TOTAL (COLUMNS 1,2,4)	RECLASS	TRAIL BALANCE (COL. 4 + COL. 5)	ADJUSTMENTS INCREASES (DECREASES)	NET EXPENSES (COL. 6 + COL. 7) (\\$)								
PART VI LABORATORY COSTS																
A) LABORATORY WAGES																
PHLEBOTOMIST								\$								
LAB TECHNICIANS								\$								
OTHER (SPECIFY):								\$								
SUBTOTAL-LABORATORY WAGES								\$								
B) LABORATORY OTHER COSTS:																
LABORATORY SUPPLIES								\$								
DEPRECIATION-LAB EQUIP.								\$								
LEASED LAB EQUIP.								\$								
OTHER (SPECIFY):								\$								
TOTAL PART VI-LABORATORY COSTS								\$								

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COST CENTER	SALARIES	SUPPLIES AND OTHER COSTS	TOTAL (COLUMNS 1,2,4)	RECLASS	TRIAL BALANCE (COL 4 + COL 5)	ADJUSTMENTS INCREASES (DECREASES)	NET EXPENSES (COL 6 + COL 7) (\\$)
PART VII RADIOLOGY SERVICE COSTS							
RADIOLOGISTS	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
RADIOLOGY TECHNICIANS	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
RADIOLOGY SUPPLIES	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
DEPRECIATION-RADIOLOGY EQUIP.	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
LEASED-RADIOLOGY EQUIP.	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
OTHER (SPECIFY):	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
TOTAL PART VII-RADIOLOGY COSTS	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
PART VIII DENTAL SERVICE COSTS							
DENTISTS WAGES	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
DENTAL ASSISTANT/TECHNICIANS	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
DENTAL SUPPLIES	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
DEPRECIATION-DENTAL EQUIP.	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
LEASED DENTAL EQUIPMENT	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
OTHER (SPECIFY):	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
TOTAL PART VIII-DENTAL SERVICE COSTS	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

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APPROVAL DATE 12/1/91
EFFECTIVE DATE 1/1/92
REVERSE(S)
VIEW

SECTION II - EXPENSE TRIAL BALANCE

FACILITY NAME:

PROVIDER NUMBER:

REPORTING PERIOD

COST CENTER	SALARIES	CONTRACT	SUPPLIES AND OTHER COSTS	TOTAL (COLUMNS 1,2, &3)	RECLASS	RECLASS TRIAL BALANCE (COL 4 + COL 5)	ADJUSTMENTS	NET EXPENSES (COL 6 + COL 7)
PART IX SPEECH & HEARING THERAPY COSTS								
SPEECH & HEARING THERAPIST WAGES								
SUPPLIES								
DEPRECIATION-SPEECH THERAPY EQUIP.								
LEASED EQUIP.								
OTHER (SPECIFY):								
TOTAL PART IX-SPEECH THERAPY COSTS								
PART X MENTAL HEALTH COSTS								
PSYCHOLOGIST WAGES								
CLINICAL SOCIAL WORKER								
MENTAL HEALTH SUPPLIES								
DEPRECIATION-MENTAL HEALTH EQUIP.								
LEASED EQUIP -MENTAL HEALTH								
OTHER (SPECIFY):								
TOTAL PART X-MENTAL HEALTH COSTS								

TNS # 20-24
SUPERSEDES
TNS # 21-19

APPROVAL DATE 1/1/05

EFFECTIVE DATE 1/1/05

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SECTION II - EXPENSE TRIAL BALANCE

FACILITY NAME: _____
PROVIDER NUMBER: _____
REPORTING PERIOD: _____

		BALANCES	CONTRACT	SUPPLIES AND OTHER	TOTAL (COLUMNS 12, 13) (6)	RECLASS	RECLASS (COL 4 + COL 5) (6)	TRIAL BALANCE (COL 4 + COL 5) (6)	ADJUSTMENTS INCREASES (DECREASES) (7)	NET EXPENSES (COL 6 + COL 7) (8)
COST CENTER										
PART XI	PHYSICAL THERAPY COSTS									
	WAGES PHYSICAL THERAPIST	\$ 6,642	\$ 6,642	\$ 6,642	\$ 6,642	\$ 6,642	\$ 6,642	\$ 6,642	\$ 6,642	\$ 6,642
	PHYSICAL THERAPY SUPPLIES									
	DEPRECIATION-PHYSICAL THERAPY EQUIP									
	LEASED EQUIPMENT-PHYSICAL THERAPY									
	OTHER (SPECIFY):									
	TOTAL PART XI-PHYSICAL THERAPY COSTS	\$ 6,642	\$ 6,642	\$ 6,642	\$ 6,642	\$ 6,642	\$ 6,642	\$ 6,642	\$ 6,642	\$ 6,642
PART XII	TRANSPORTATION COSTS									
	DRIVERS WAGES									
	VEHICLE SUPPLIES & REPAIRS									
	VEHICLE INSURANCE									
	DEPRECIATION-TRANSPORTATION									
	LEASED EQUIP.-DEPRECIATION									
	OTHER (SPECIFY):									
	TOTAL PART XII-TRANSPORTATION COSTS	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

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 TNS # A(EU)

TNS # 90-24

EFFECTIVE 1/1/91